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S ROBERTS

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COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJ	ECT:	AIRLI	FT IDEAS.	INC.	
00170		Name of corpora	tion - mus	t include suffix	
Dear S	Sir or Madam:				
"Certif	ficate of Existence."	by Foreign Corporation or "Certificate of Good! corporation to transact bu	Standing" a	and check are sub	nct Business in Florida," comitted to register the
Please	return all correspon	dence concerning this ma	itter to the	following:	
Shelley	y Rosen				
		Name	of Person	·	
Airlift	ldeas, Inc.				
	.	Firm/C	Company		
7428 T	onga Court				
		A	ddress		
Boynto	on Beach, Florida, 334	73			
		City/Sta	te and Zip	code	
shelley	.rosen@luxebloom.co	om			
		E-mail address: (to be us	ed for futu	re annual report i	notification)
For fur	ther information co	ncerning this matter, plea	se call:		
Shelley	/ Rosen	at (282	-1901	
	Name of Person	Area C		Daytime Telep	hone Number
	STREET/COURI Registration Section Division of Corporation Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Please n		following amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy	 \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Airlift Ideas, Inc.					
	(Enter name of c	corporation: must include "INCORPORATED." orp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"			
	N/A					
	(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)		
2. Illinois 3			20-3241541			
	(State or countr	try under the law of which it is incorporated) (FEI number, if applicable		ole)		
4.	August 2, 2005	5.				
(Date of incorporation)			(Date of duration, if other than perpetual)			
6.	N/A					
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1503	lorida, if prior to registration) 2, F.S., to determine penalty liability)			
7.	7428 Tonga Cour	t, Boynton Beach, FL 33473				
٠.,		(Principal office	street address)			
	N/A			023		
		(Current mailing a	address, if different)	2023 8573		
				<u>1</u> 		
8.	Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	7,7 <u>9</u>		
	Name:	Shelley Rosen		چ		
Office Address:	fice Address:	7428 Tonga Court		: ா ஐ		
		Boynton Beach	, Florida ³³⁴⁷³			
		(City)	(Zip code)			

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

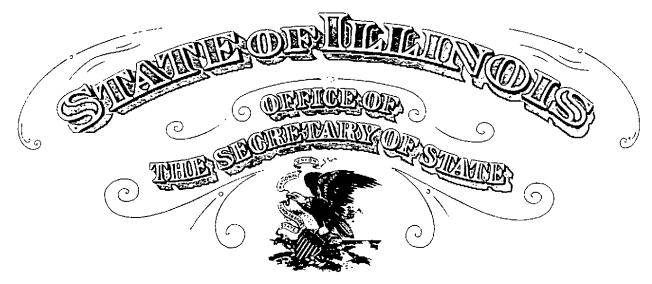
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Shelley Rosen Name: □Chairman □ Chairman Name: _____ 7428 Tonga Court □Vice Chairman Address: □ Vice Chairman Address: _____ Boynton Beach, FL 33473 Director □ Director President □ President ☐ Vice President □Vice President ■ Secretary Treasurer □ Secretary □Treasurer Other____ □Other _____ □Other _____ □Chairman □Chairman □Vice Chairman Address: □ Vice Chairman Address: _____ □ Director □Director □President □President □Vice President _ □Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other ______ □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: ____ □ Vice Chairman Address: _____ ☐ Vice Chairman Address: ______ □ Director □ Director President □President □Vice President __ □Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Shelley Rosen, sole Director, President, Secretary

File Number

6442-160-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

AIRLIFT IDEAS. INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 02, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of MARCH A.D. 2023 .

10.4